



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Shakespeare Oil Co. Inc.

S28-14s-32w Logan/KS

202 W Main
Salem, IL 62881

Ottley #2-28

Job Ticket: 61551

DST#: 7

ATTN: Tim Priest

Test Start: 2015.01.14 @ 23:45:00

GENERAL INFORMATION:

Formation: 'L'
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 02:55:20
 Time Test Ended: 07:49:00
 Interval: **3950.00 ft (KB) To 3975.00 ft (KB) (TVD)**
 Total Depth: 3975.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Chuck Smith
 Unit No: 61
 Reference Elevations: 2682.00 ft (KB)
 2672.00 ft (CF)
 KB to GR/CF: 10.00 ft

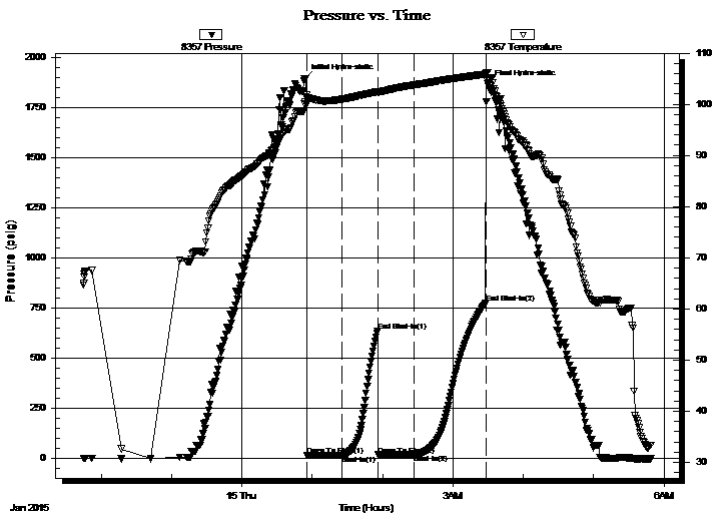
Serial #: 8357

Inside

Press@RunDepth: 20.80 psig @ 3952.00 ft (KB)
 Start Date: 2015.01.14 End Date: 2015.01.15
 Start Time: 21:45:02 End Time: 05:49:00
 Capacity: 8000.00 psig
 Last Calib.: 2015.01.15
 Time On Btm: 2015.01.15 @ 00:53:20
 Time Off Btm: 2015.01.15 @ 03:29:39

TEST COMMENT: 30- 1 1/2" Blow .
 30- No return.
 30- No blow .
 60- No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1894.78	100.04	Initial Hydro-static
2	16.60	101.27	Open To Flow (1)
33	18.60	101.01	Shut-In(1)
63	637.52	102.47	End Shut-In(1)
63	19.30	102.24	Open To Flow (2)
94	20.80	103.77	Shut-In(2)
155	775.44	105.89	End Shut-In(2)
157	1867.13	104.59	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	SOCM 2o 98m	0.02

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



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Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	SOCM 2o 98m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

